

LISTING OF THE CLAIMS

This listing of claims will replace all prior versions, and listings, of claims in the application:

1. (currently amended) A method for improving the accuracy of monetary charges to payors in a transaction, the method comprising the steps of:

a) ~~collecting-receiving by a processing center electronic patient census data from at least one first source-a health care organization via by means of an~~ electronic communications network, wherein the electronic patient census data includes at least one of a health care facility identification, a health care facility unit identification, a health care facility room number, a health care facility bed number, a patient admission date, a patient discharge date, a patient payment plan, and physician information;

b) ~~collecting-receiving by the processing center electronic transaction data from at least one second source-a pharmacy by means of via the~~ electronic communications network, wherein the transaction data includes at least one of a description of an item sold, a quantity of an item sold, an item price and a transaction date;

e) correlating the census data and the transaction data with existing payor contract data to form a related dataset;

d) examining by the pharmacy via the electronic communication network the related dataset to determine whether validating the dataset for accuracy at least one of a proper prescription is charged, a proper price is charged, a contractual term is met, and whether respective charges are to be allocated to a plurality of payors; and

validating by the pharmacy the related dataset for accuracy, wherein the validating includes correcting the electronic transaction data by the pharmacy in case the pharmacy identifies a discrepancy during the examining;

e) allocating a monetary charges-charge to a at least one payor based on the dataset or allocating respective monetary charges to a plurality of payors, as a function of the validated related dataset;

generating an invoice as a function of the validated related dataset; and

transmitting the invoice to the health care organization.

2. (canceled).

3. (currently amended) ~~A~~The method according to claim 1, further comprising ~~the step~~
~~of~~ protecting the census data, the transaction data and the validated related dataset from
unauthorized access or unauthorized alteration.

4. (canceled)

5. (currently amended) ~~A~~The method according to claim 1, further comprising ~~the step~~
~~of~~ generating reports from the dataset or compiling the validated related dataset into
predetermined report formats.

6. (canceled)

7. (canceled)

8. (canceled)

9. (currently amended) ~~A~~The method according to claim ~~7~~5, further comprising ~~the~~
~~step of~~ classifying the dataset and reports into predetermined access levels for controlling ~~the an~~
extent of access to the validated related dataset and reports by ~~the~~ predetermined users.

10. (canceled)

11. (currently amended) ~~A~~The method according to claim 5, wherein patient-
identifying information has been removed from the dataset.

12. (canceled)

13. (currently amended) ~~A~~The method according to claim 1, wherein the ~~first source~~ health care organization ~~further comprises~~ includes a hierarchy of individual health care facilities, health care facility groups ~~comprising that include~~ a plurality of individual health care facilities, and corporate oversight of the health care facilities and health care facility groups ~~of facilities~~.

14. (currently amended) ~~A~~The method according to claim 1, wherein the ~~second source~~ pharmacy ~~further comprises~~ includes a hierarchy of individual pharmacies, pharmacy groups comprising a plurality of individual pharmacies, and corporate oversight of the pharmacies and pharmacy groups ~~of pharmacies~~.

15. (currently amended) ~~A~~The method according to claim 1, wherein the electronic communications network is used to transmit and receive messages between the ~~first source~~ health care organization, the ~~second pharmacy source~~, and ~~a~~ the processing center.

16. (currently amended) ~~A~~The method according to claim 1, further comprising the steps of:

- a)——conducting logical queries using the validated related dataset; and
- b)——analyzing the results of the logical queries.

17. (currently amended) ~~A~~The method according to claim 5, wherein the reports relate to the business performance of individual pharmacies and pharmacy groups comprising a plurality of individual pharmacies that comprise the pharmacy ~~of pharmacies and groups of pharmacies~~.

18. (currently amended) A method according to claim 5 wherein the reports relate to the business performance of individual health care facilities and health care facility groups that comprise the health care organization ~~facilities and groups of facilities~~.

19. (currently amended) ~~A~~The method according to claim 15, further comprising the

steps of:

- a) —conducting a survey via the electronic communications network;
- b) —obtaining responses to the survey via the electronic communications network; and
- e) —taking corrective action to resolve problems identified by the survey.

20. (currently amended) A The method according to claim 15, further comprising ~~the~~ steps of transmitting and receiving communications between the ~~first source~~ health care organization and the ~~second source~~ pharmacy regarding interest in particular new products and the performance of current products.

21. (currently amended) A The method according to claim 1, further comprising ~~the~~ steps of:

- a) —generating reports from the validated related dataset;
- b) —distributing the reports to predetermined users via the electronic communications network;
- e) —classifying the validated related dataset and reports into predetermined access levels for controlling ~~the an~~ extent of access to the dataset and reports by the predetermined users;
- d) —protecting the reports from unauthorized access; and
- e) —removing access to patient-identifying information from the dataset.

22. (new) The method of claim 1, further comprising examining by the health care organization the invoice to determine whether the invoice is accurate, and receiving from the health care organization payment for the invoice in case the invoice is accurate.

23. (new) The method of claim 22, further comprising requesting by the health care organization a credit memo in case the health care organization determines the invoice is not accurate.

24. (new) The method of claim 23, further comprising receiving by the processing

center the request for the credit memo and determining by the processing center whether the credit memo is to be issued to the health care organization.

25. (new) The method of claim 24, wherein the processing center includes a customer service portion, and the customer service portion receives the request for the credit memo.

26. (new) The method of claim 1, wherein the pharmacy is a member of a pharmacy organization.

27. (new) The method of claim 26, wherein the pharmacy organization and the processing center are part of a publicly-held corporate pharmacy organization.

28. (new) The method of claim 1, wherein the plurality of payors include two or more of a primary insurer, a secondary insurer, a patient and a responsible third-party.